Applied For Not Applicable \$8.75 Additional

□No

Fee Required

\$5.00\_May\_Be Added to Fees

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT QF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # PORODOR6715

1. Corporation Name P & R REAL EST		0000713				I (BRAIRFA) HA JANAN BENN BANN BRAIN FE
Principal Place of Busines 935 12TH STREET VERO BEACH FL 32960	s	Mailing Address 935 12TH STREET VERO BEACH FL 32960				
						3. Date Incorporated or Qualifed 10/09/1998
2. Principal Place of Busin	ness	2a. Mailing Add	ress			4. FEI Number 65-0877065
Suite, Apt. #, etc.		Suite, Apt. #	, etc.			5. Certificate of Status Desired
City & State		City & State	<u>-</u>			6. Election Campaign Financing Trust Fund Contribution
Zip	Country 25	Zip	Co.	intry		This corporation owes the current y     Personal Property Tax.
9. Name and Address of Current Registered Agent						10. Name and Address of New Regis
BLOCK, SAMU 2127 TENTH A VFRO BEACH	EL A VENUE			81 82	Name Street Ad	dress (P.O. Box Number is Not Acceptable)

Aug 23, 1999 8:00 am Secretary of State

08-23-1999 90009 026 \*\*\*550.00



DO NOT WRITE IN THIS SPACE Date Incorporated or Qualifed

This corporation owes the current year Intangil

Name and Address of New Registered Agent

VERO BEACH FL 32960		8	3				
		8	4 City	FL	85	Zip Co	ode
office or re	to the provisions of Sections 607.0502 and 607.1508, Florida egistered agent, or both, in the State of Florida. Such chang in familiar with, and accept the obligations of, Section 607.05	e was authorized D	v tne corpora	rporation submits this statement for the purpose of c tion's board of directors. I hereby accept the appoin	hangir tment	ng its re as regi:	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Ag	ent signature requi	red when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOR	
TITLE	PD DEL	LETE 1.1 TITLE			Cha	ange	Addition
NAME	GAROZZO, RICHARD	1.2 NAME					
STREET ADDRESS	935 12TH STREET	1,3 \$TRE	ET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32960	1,4 CITY-	ST-ZIP				
TITLE	DST DEI	LETE 2.1 TITLE			☐ Cha	ange	☐ Addition
NAME	GAROZZO, PAULINE	2.2 NAMI					
STREET ADDRESS	935 12TH STREET	2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32960	2.4 CITY	- ST- ZIP				
TITLE	, DEI	LETE 3.1 TITLE			Ch	ange	☐ Addition
NAME		3.2 NAM			- ,		
STREET ADORESS		3 3 STRE	ET ADDRESS				
CITY-ST-ZIP		3.4. CITY	-ST-ZIP				
TITLE	□ DEI	LETE 4.1 TITLE			Ch.	ange	☐ Addition
NAME		4. 2 NAM	E				
STREET ADDRESS		4.3 STRE	ET ADDRESS				
CITY-ST-ZIP		4.4 CITY	ST-ZIP				
TITLE	DEI	LETE 5,1 TITLE			☐ Ch	ange	Addition
NAME		` 52 NAM	≣				
STREET ADDRESS		5.3 STRE	ET ADDRESS				
CITY-ST-ZIP		5.4 CITY				_	
пптЕ	DEI	LETE 6.1 TITLE			☐ Ch	ange	☐ Addition
NAME		6.2 NAMI	•				
STREET ADORESS		6.3 STRE	ET ADDRESS				
CITY-ST-ZIP		6.4 CITY	L				
14. I hereby o	certify that the information supplied with this filing does not qu	ualify for the exem	otion stated in	Section 119.07(3)(i), Florida Statutes. I further cert	ify that	the int	ormation

plemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am are the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered. officer or director of the corporation of Block 12 or Block 13 if changed or of

SIGNATURE: